

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. / 10/549502 / FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	2		/				53						
4	6		/				54						
5	1		/				55						
6	8		/				56						
7	1		/				57						
8	1		/				58						
9	5		/				59						
10	6		/				60						
11	8		/				61						
12	8		/				62						
13	6		/				63						
14	6		/				64						
15	8		/				65						
16	8		/				66						
17	0		/				67						
18	8		/				68						
19	8		/				69						
20			/				70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1										
TOTAL DEP.	19	←	19	←		↓							
TOTAL CLAIMS	20		20										